

MD

Prop 94-97

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER AGUA CALIENTE BAND OF CAHUILLA INDIANS		Date of This Filing 01/21/2008	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only R
AREA CODE/PHONE NUMBER (760) 325-3400	I.D. NUMBER (if applicable) 49628	Report No. 01212008	in the office of the Secretary of State of the State of California	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY PALM SPRINGS, CA	STATE CA	ZIP CODE 92262	No. of Pages 1	

**RECEIVED AND FILED**  
JAN 21 2008  
DEBRA BOWEN  
Secretary of State

## Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/20/2008	COALITION TO PROTECT CALIFORNIA'S BUDGET & ECONOMY, YES ON 94,95,06,97, SPONSORED BY A GROUP OF INDIAN GAMING TRIBES (#1300585)  SACRAMENTO, CA 95814 ESTIMATE	PROPOSITIONS 94,95,96,97  STATEWIDE	21,471.84	02/05/2008

Reason for Amendment: \_\_\_\_\_

M.D

Prop 5 94-97

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## Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Sycuan Band of the Kumeyaay Nation			Date of This Filing 01/21/2008	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 21 2008 <b>DEBRA BOWEN</b> Secretary of State 1/2	<b>RECEIVED AND FILED</b> in the office of the Secretary of State of the State of California JAN 21 2008 <b>DEBRA BOWEN</b> Secretary of State
AREA CODE/PHONE NUMBER (619) 445-2613	I.D. NUMBER (if applicable) 494211		Report No. LCM-80120		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY El Cajon	STATE CA	ZIP CODE 92019	No. of Pages 2		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
1	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

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RECEIVED AND FILED

ATE CONTRIBUTION REPORT

NAME OF FILER Sycuan Band of the Kumeyaay Nation		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 494211	
STREET ADDRESS		
CITY	STATE	ZIP CODE

Date of This Filing \_\_\_\_\_

Report No. \_\_\_\_\_

☐ Amendment to Report No. \_\_\_\_\_  
(explain below)

No. of Pages \_\_\_\_\_

In the office of the Secretary of State  
of the State of California

JAN 21 2008

**DEBRA BOWEN**  
Secretary of State

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**CALIFORNIA**  
**FORM 497**

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## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/20/2008 	Coalition to Protect California's Budget & Economy  Sacramento CA 95814 ID: 1300585	*NON-MONETARY CONTRIBUTION: BILLBOARDS Statewide Ballot: Dist:	31637.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: \_\_\_\_\_